

# Save up to \$50\* on your copay



## 1. Online Submission:

- Log into [www.rebate.mybv360.com](http://www.rebate.mybv360.com).
- Complete all fields and upload a copy of your Explanation of Benefits (EOB) listing the amount billed for GELSYN-3. The EOB will include your name, date of injection, and out-of-pocket responsibility for the drug. Your insurance company can provide a copy of your EOB.
- For medications obtained through a specialty pharmacy, a receipt of payment must also be submitted.

## 2. Mail Submission:

- Print and complete the coupon.
- Attach your EOB, and include receipt of payment if medication was obtained through a specialty pharmacy.
- **Mail to:** GELSYN-3 Mail-In Rebate Program, 601 S Lake Destiny Road, Ste. 300, Maitland, FL 32751.

## 3. Rebate Delivery:

- Allow 30 business days for delivery of your rebate.

## 4. Offer Validity:

- Offer valid for GELSYN-3 purchased in the United States and injected before December 31, 2026.



If you have any questions,  
please contact **BV360**  
**Reimbursement**  
**Solution at**  
**1-833-MyBV360**  
**(1-833-692-8360)**

\*Please see reverse side for patient  
eligibility criteria and program  
terms and conditions.

**Please complete all the fields below  
and include your EOB to receive your rebate.**

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please check the boxes below to receive your rebate.

I am not eligible to receive reimbursement from any federal, state, or other governmental programs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing above, I confirm I meet the eligibility criteria associated with this offer.

**Eligibility Criteria, Terms and Conditions:**

- This offer is valid for a one-time rebate of up to \$50 off your copay or out-of-pocket expense for one (1) syringe of GELSYN-3 injected per knee and is not valid with any other product. Eligible patients are limited to one (1) rebate per syringe of GELSYN-3.
- This offer is only valid for patients with commercial insurance. Patients without commercial insurance are not eligible. This offer is not valid for any person eligible for reimbursement of prescriptions, in whole or in part, by any federal, state, or other governmental programs, including, but not limited to, Medicare (including a Medicare Part D or Medicare Advantage plan), Medicaid, TRICARE, Veterans Administration or Department of Defense health coverage, CHAMPUS, the Puerto Rico Government Health Insurance Plan, or any other federal or state healthcare programs or pharmaceutical assistance program.
- Patient must be a U.S. resident.
- Patient is responsible for reporting receipt of copay assistance to any insurer, health plan, or other third party who pays for or reimburses any part of the GELSYN-3 prescription, as may be required by insurer or plan.
- Only original rebate offers will be accepted. This rebate is not valid if reproduced, reprinted or photocopied.
- This offer is nontransferable and may not be combined with any other offer.
- This program is not health insurance.
- Bioventus LLC reserves the right to rescind, revoke or amend this offer without notice.
- This offer is only good for GELSYN-3 purchased in the USA before December 31, 2026. Void where prohibited by law. Offer valid only for requests postmarked before March 31, 2027.

**Summary of Indications for Use:** GELSYN-3 is indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics (e.g., acetaminophen).

**Contraindications:** Do not administer to patients with known hypersensitivity (allergy) to sodium hyaluronate preparations. Do not inject GELSYN-3 into the knees of patients having knee joint infections or skin diseases or infections in the area of the injection site.

**Summary of Risks:** GELSYN-3 is not approved for pregnant or nursing women, or children. Risks can include general knee pain, warmth and redness or pain at the injection site.

Full prescribing information can be found in product labeling, at GELSYN3.com/IFU or by calling Customer Service at 1-800-836-4080.

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Innovations For Active Healing